

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032124
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 296

Primary Registration District No. 6018

Registrar's No. 5

FILED SEP 10 1962

VS 300
Rev. 4/59

1 0890

2 0890

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4 0

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12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fishing River Twp.		c. CITY OR TOWN Rayville	
Length of stay in lb Lifetime		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles E. Excelsior Springs		d. STREET ADDRESS (If outside, give location) 5 miles SW Rayville	
3. NAME OF DECEASED (Type or print) First Fred Middle Shelton Last Shelton		4. DATE OF DEATH Aug. 19, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-10-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Farming and Building	
13a. FATHER'S NAME Francis Shelton		13b. MOTHER'S MAIDEN NAME Martha Searcy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes WWI		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: coronary heart disease DUE TO (b) arteriosclerosis DUE TO (c) arteriosclerosis		14. NAME OF HUSBAND OR WIFE Allie M. Shelton Address Rural Route #2 Allie M. Shelton, Rayville, Missouri	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Aug. 19, 1962 and last saw him alive on August 19, 1962		22. SIGNATURE [Signature] (Degree or title) M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-19-62	
23c. NAME OF CEMETERY OR CREMATORY Pisgah		23d. LOCATION (City, town, or county) (State) Rural, Excelsior Springs, Mo.	
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 9-3-62	
26. REGISTRAR'S SIGNATURE [Signature]		27. DATE SIGNED 9/1/62	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MS SEP 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louise Jaxman

Licensed Embalmer No. 4589

P. O. Address

Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit not obtained 9-6/62
W. J. S.*